

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/762050**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1		1			
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15	1		1			
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22	1		1			
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24		1				
25		1				
26		1				
27		1				
28		1				
29	1		1			
30	1		1			
31	1		1			
32	1		1			
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46						
47						
48						
49						
50						
TOTAL IND.		8				
TOTAL DEP.		24				
TOTAL CLAIMS		32				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						